U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amerided. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

| Q _{UMS} 57 | EFULLY BEFORE PREPARING THIS REPORT. | |
|---|--|--|
| E | | |
| 1 File Number U- 1 | 2 Fiscal Year Covered From | |
| 10221 | 01 / 01 / 04 Through 12 / 31 / 04 | |
| 3 Name and address of person filing | 4 Name, file number, and address of labor organization | |
| Name Larry Mazzola, Sr. | Name U. A. Plumbers & Pipefitters | |
| | Labor Organization Fle Number Local No. 38 | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any 035601 | |
| Street 1621 Market Street. | Street 1621 Market Street. | |
| San Francisco, CA 94103 | San Francisco, CA 94103 | |
| State ZIP Code + 4 | State ZIP Code + 4 | |
| 5. Position in tabor organization. | FINANCIAL SECRETARY-TREASURER | |
| Enter appropriate data below If, during the past fiscal year, you or you (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ | ar spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): In, or derived income or other economic benefit of nization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 7.b. Amount. | |
| City | | |
| State ZiP Code + 4 | | |
| | Signature | |
| 15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any according undersigned's knowledge and belief, true, correct, and complete. (See | alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.) | |
| Signed Kany Wigg. L. Sk | On 8-5-65 4/5-626-3-000 Date Telephone Number | |
| Form LM-30 (2003) | Page 1 c | |

| me of Person Filing | | | | |
|--|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trace name, if any) | 9. Business deals with. | | | |
| Name | a Labor Organization | | | |
| Trade Name, if any | b Trust | | | |
| P.O. Box, Bldg., Room No., if any | c Employer | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name | | | | |
| Trade Name, if any | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | 11.b. Approximate dollar value of such dealing. | | | |
| City | 12.a. Nature of interest held or income received. | | | |
| State ZIF Code + 4 | | | | |
| | } | | | |
| | 1 | | | |
| | | | | |
| | 12.b. Amount. | | | |
| | 12.0.7 (1) (1) | | | |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone | er parts A and B above) y or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | | |
| (including trade name, if any). | 1.) Reimbursement of expenses to | | | |
| Name Local 38 Trust Funds | attend the International Foundation - New Orleans | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | **See Attached** | | | |
| Street 1625 Market Street. | | | | |
| City San Francisco, CA 94103 | | | | |
| State ZIP Code + 4 | | | | |
| 13.b. Is the Business an Employer Yes or Consultant ? | 14.b. Amount of payment. | | | |
| 1 | \$7,005.64 | | | |

| | | EMPLOYER/CONSULTANT | NATURE of PAYMENT | <u>AMOUNT</u> |
|---|-----|---|---|--|
| | 2.) | O'Donoghue & O'Donoghue 4748 Wisconsin Avenue, N.W. Washington, D.C. 20016 Attorney's | Dinner - 3/28/04 Dinner - 11/8/04 | \$137.50 \$137.50 |
| · | 3.) | Loomis & Sayles 555 California Street. Ste.# 3300 San Francisco, CA 94104 Consultant – New Orleans | Dinner - 12/2/04 | \$80.00 – Approx. |
| | 4.) | Local 38 Trust Funds 1625 Market Street. San Francisco, CA 94103 Employer | Lunch - 1/22/04 Lunch - 4/22/04 Lunch - 7/22/04 Lunch - 10/12/04 | \$57.26 \$58.53 \$44.37 \$51.70 |
| | 5. | G.E.S.D. Capital Partners 221 Main Street. Ste. #1450 San Francisco, CA 94105 Employer | Holiday Food Basket - 12/15/04 | \$122.01 |
| | 6.) | P.I.P.E. 501 Shatto Place. Ste. #200 Los Angeles, CA 90020-1786 Employer | X-Mas Gift 12/20/04 | \$179.26 |
| | 7.) | N.I.T.C. 501 Shatto Place. Ste. #201 Los Angeles, CA 90020-1786 Employer | X-Mas Gift 12/19/04 | \$44.81 |

| | EMPLOYER/CONSULTANT NATU | RE of PAYMENT | <u>AMOUNT</u> |
|-----|--|------------------|---------------|
| 8.) | International Pipe Trades Joint Training Committee United Association Building – 2 nd Floor 901 Massachusetts Ave, N.W. Washington, D.C. 20001 Employer | Dinner - 6/28/04 | \$173.64 |
| 9.) | International Training Fund 901 Massachusetts Ave, N.W. Washington, D.C. 20001 Employer | Dinner - 12/7/04 | \$125.06 |